



State of California Division of Workers' Compensation
Request for Public Records

Routine requests should be made to your local district office.
Click [here](#) for local district office locations.

Date received 1-28-2016

Due date _____

☐ Party/Representing a party

☒ Not a party

(Response Due: Immediately or within 10 days from date of request)

Requester Information [Voluntary unless seeking personal or individually identifiable information]

Name	Tommy G Beard
Company	SJS Mosquito & Vector Control
DWC Authorization Number [Copy, Legal & Investigative Services]	
Representing	Tom Beard
Business Address	29371 TOYON DR #2
Alternative Address	
City, State, ZIP Code	Stockton CA 95203
Telephone (business)	909 941-2782
Fax	
E-Mail	

Description of Records Requested/Initial Contact with Requesting Party:

☒ Inspection

☒ Copying

WCAB File No.:	STK0211961
Injured Workers Name:	
Other:	

Is Request for Purposes of Pre-Employment Screening?
(If yes, DWC shall send notification letter to injured worker)

☐ Yes

☒ No

For Requests for Personal Information or Individually Identifiable Information, state the purpose for which the information will be used and provide proof of identity and address.

PERSONAL USE

Name of DWC Employee-Initial Contact: _____

If other than routine request email: DWC_PRA@dir.ca.gov
Public Records Act Request Form
May 2011

SIGN: Tom Beard

DATE: 1-28-2016